

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Americans For Common Sense Solutions

(b) Address (number and street) ☐ check if different than previously reported

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

2. FEC Identification Number

C C30001903

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

(b) Communication Title

Meagan's Law

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Christopher Stenberg

(b) Address (number and street)

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

9112.35

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg

DATE 02/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Christopher Stenberg	Transaction ID : F91.000001	
	(b) Address (number and street) 170 Westminster Street		
	(c) City, State and Zip Code Providence RI 02903		
	(d) Name of Employer or Principal Place of Business self-employed	(e) Occupation consultant	
B.	(a) Name Edward Cotugno	Transaction ID : F91.000002	
	(b) Address (number and street) 1692 Chalkstone Ave.		
	(c) City, State and Zip Code Providence RI 02909		
	(d) Name of Employer or Principal Place of Business not employed	(e) Occupation	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Red Rocket Productions				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1629 State Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450.00</div>			
City Santa Barbara		State CA		Zip Code 93101		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Media production - Meagan's Law							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Citadel Broadcasting Co.							
Mailing Address of Payee 1502 Wampanoag Trail				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>			
City East Providence				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3285.00</div>			
State RI		Zip Code 02915		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>			
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Radio airtime purchase - Meagan's Law							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">3735.00</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.85</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation media consultant		Transaction ID : F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) Media placement fee - Meagan's Law							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee Clear Channel Broadcasting Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee PO Box 402562				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4675.00</div>			
City Atlanta		State GA		Zip Code 30349		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) Radio airtime purchase - Meagan's Law							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000008		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">4964.85</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">412.50</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a				Occupation media consultant			
Purpose of Disbursement (including title(s) of communication(s)) Media placement fee - Meagan's Law							
Name of Federal Candidate David Cicilline		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: RI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000010							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)

412.50

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

9112.35